

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smc		7 7 00
O.I.P.E. CLASSIFIER			7 7 00
FORMALITY REVIEW	JK	835	8/17/02
RESPONSE FORMALITY REVIEW	Rm	781	05-10-01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

**BEST AVAILABLE COPY**

Claim	Date
Final Original	10-15-01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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